U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

DECLARATION ATTORNEY'S DOCKET NO. 12406/60

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name. I believe I am an original, first, and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled METHOD AND APPARATUS FOR PROVIDING AND PROCESSING ACTIVE BARCODES filed herewith.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

PRIOR UNITED STATES APPLICATION(S)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NUMBER	FILING DATE (day, month, year)	STATUS (i.e. Patented, Pending, Abandoned)	

PRIOR FOREIGN APPLICATION(S)

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

APPLICATION NUMBER	FILING DATE (day, month, year)	COUNTRY	PRIORITY CLAIMED	

SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:

Andrew L. Reibman, Esq. KENYON & KENYON One Broadway New York, New York 10004 (212) 425-7200 (Phone) (212) 425-5288 (Fax) CUSTOMER NO. 26646

I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME
INVENTOR	ORAM	Thomas		K
RESIDENCE & CITIZENSHIP	СІТУ	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP
	Hudson	Massachusetts		USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS	СІТУ		STATE & ZIP CODE/COUNTRY
	219 White Pond Road	Hudson		MA
Signature		Date		